

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

1

MONTHLY FINANCIAL REPORTING FORM

Submitted on 9/12/2003 2:29:24 PM

		1
1.	FOR THE MONTH ENDING:	August 31, 2003
2.	Name:	Community Dental Services, Inc.
3.	File Number:(Enter last three digits) 933-0	170
4.	Date Incorporated or Organized:	May 29, 1979
5.	Date Licensed as a HCSP:	May 6, 1982
6.	Date Federally Qualified as a HCSP:	N/A
7.	Date Commenced Operation:	May 1, 1982
8.	Mailing Address:	PO Box 25096, Santa Ana, CA 92799-5096
9.	Address of Main Administrative Office:	3501 W. Sunflower Avenue, #110, Santa Ana, CA 92704
10.	Telephone Number:	714-850-3333
11.	HCSP's ID Number:	95-3542081
12.	Principal Location of Books and Records:	3501 W. Sunflower Avenue, #110, Santa Ana, CA 92704
13.	Plan Contact Person and Phone Number:	Robert Mathuny 714-850-3333
14.	Financial Reporting Contact Person and Phone Number:	Robert Mathuny 714-850-3333
15.	President:*	Mary-Ellen Hardin
16.	Secretary:*	Paul J. Huston
17.	Chief Financial Officer:*	Robert S. Mathuny
18.	Other Officers:*	
19.		
20.		
21.		
22.	Directors:*	Mary-Ellen Hardin
23.		Dennis R. Hardin, D.D.S.
24.		Michael J. Kluger
25.		Paul J. Huston
26.		Donald V. Barrett
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.




32. President	Mary-Ellen Hardin <i>(Signature required (please type for valid signature))</i>
33. Secretary	Dennis R. Hardin <i>(Signature required (please type for valid signature))</i>
34. Chief Financial Officer	Robert S. Mathuny <i>(Signature required (please type for valid signature))</i>
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. If this is a revised filing, check here and complete question 4 on Page 2:	<input type="checkbox"/>
36. If all dollar amounts are reported in thousands (000), check here	<input checked="" type="checkbox"/>

Check My Work.

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

MONTHLY FINANCIAL REPORTING FORM

SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes 
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	No 
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No 
4.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

STATEMENT AS OF 8-31-2003 OF 933-0170 Community Dental Services, Inc.

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	190
2. Short-Term Investments	0
3. Premiums Receivable - Net	837
4. Interest Receivable	
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	22,719
7. Prepaid Expenses	511
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	
10. Aggregate Write-Ins for Current Assets	1,612
11. TOTAL CURRENT ASSETS (Items 1 to 10)	25,869
OTHER ASSETS:	
12. Restricted Assets	50
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	1,157
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	564
18. TOTAL OTHER ASSETS (Items 12 to 18)	1,771
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	2,787
20. Furniture and Equipment - Net	1,869
21. Computer Equipment - Net	525
22. Leasehold Improvements -Net	1,673
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	6,854
27. TOTAL ASSETS	34,494
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001. Other Receivables	64
1002. Inventory	1,548
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	1,612
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701. Deposits	564
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	564
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

STATEMENT AS OF 8-31-2003 OF 933-0170 Community Dental Services, Inc.

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
	Current Period		
	Contracting	Non-Contracting	Total
CURRENT LIABILITIES:			
1. Trade Accounts Payable	17,008	XXX	17,008
2. Capitation Payable		XXX	0
3. Claims Payable (Reported)			0
4. Incurred But Not Reported Claims	15		15
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability			0
8. Unearned Premiums	222	XXX	222
9. Loans and Notes Payable	66	XXX	66
10. Amounts Due To Affiliates - Current	0	XXX	0
11. Aggregate Write-Ins for Current Liabilities	0	0	0
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	17,311	0	17,311
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)	8,037	XXX	8,037
14. Loans and Notes Payable (Subordinated)	42,949	XXX	42,949
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	394	XXX	394
18. TOTAL OTHER LIABILITIES (Items 13 to 18)	51,380	XXX	51,380
19. TOTAL LIABILITIES	68,691	0	68,691
NET WORTH			
20. Common Stock	XXX	XXX	5,911
21. Preferred Stock	XXX	XXX	37,482
22. Paid In Surplus	XXX	XXX	-51,446
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	-26,144
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	0
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	-34,197
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	34,494
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101.			0
1102.			0
1103.			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	0	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701. Other Liabilities	394	XXX	394
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	394	XXX	394
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501.	XXX	XXX	
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	0

STATEMENT AS OF 8-31-2003 OF 933-0170 Community Dental Services, Inc.

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	483	3,687
2. Capitation	701	5,204
3. Co-payments, COB, Subrogation	4,884	35,606
4. Title XVIII - Medicare		0
5. Title XIX - Medicaid		0
6. Fee-For-Service	541	4,584
7. Point-Of-Service (POS)		0
8. Interest		0
9. Risk Pool Revenue		0
10. Aggregate Write-Ins for Other Revenues	1,301	10,606
11. TOTAL REVENUE (Items 1 to 10)	7,910	59,687
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated		0
13. Inpatient Services - Per Diem		0
14. Inpatient Services - Fee-For-Service/Case Rate		0
15. Primary Professional Services - Capitated		0
16. Primary Professional Services - Non-Capitated		0
17. Other Medical Professional Services - Capitated		0
18. Other Medical Professional Services - Non-Capitated	2,718	21,704
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		0
20. POS Out-Of-Network Expense		0
21. Pharmacy Expense - Capitated		0
22. Pharmacy Expense - Fee-for-Service		0
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	3,463	25,746
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	6,181	47,450
Administration		
25. Compensation	288	2,846
26. Interest Expense	361	2,907
27. Occupancy, Depreciation and Amortization	35	296
28. Management Fees		0
29. Marketing	-5	81
30. Affiliate Administration Services		0
31. Aggregate Write-Ins for Other Administration	663	3,311
32. TOTAL ADMINISTRATION (Items 25 to 31)	1,342	9,441
33. TOTAL EXPENSES	7,523	56,891
34. INCOME (LOSS)	387	2,796
35. Extraordinary Item		0
36. Provision for Taxes	-79	-70
37. NET INCOME (LOSS)	466	2,866
NET WORTH:		
38. Net Worth Beginning of Period	-34,600	-34,921
39. Audit Adjustments		0
40. Increase (Decrease) in Common Stock		0
41. Increase (Decrease) in Preferred Stock	259	1,983
42. Increase (Decrease) in Paid in Surplus	-259	-1,983
43. Increase (Decrease) in Contributed Capital		0
44. Increase (Decrease) in Retained Earnings:		0
45. Net Income (Loss)	466	2,866
46. Dividends to Stockholders		0
47. Aggregate Write-Ins for Changes in Retained Earnings	-63	-2,142
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	-34,197	-34,197

STATEMENT AS OF 8-31-2003 OF 933-0170 Community Dental Services, Inc.

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001. Fee For Service - Medicaid (See Notes)	1,301	10,606
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	1,301	10,606
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301. Other Medical	3,178	24,935
2302. Occupancy, Depreciation, and Amortization	285	811
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	3,463	25,746
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. Other Administrative Expenses	623	3,265
3102. Other Income/Expense	40	46
3103.		
3104.		
3105.		
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	663	3,311
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701. Non Cash Dividends Adj Accrued to Common Stockholders	65	496
4702. Prior Year Adj-State Income Tax Expense	0	-345
4703. Prior Year Adj-Other	-128	-2,293
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	-63	-2,142
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801.		
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

REPORT #3: STATEMENT OF CASH FLOWS

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	1,047	7,159
2. Fee-For-Service	1,629	12,203
3. Title XVIII - Medicare Premiums		0
4. Title XIX - Medicaid Premiums		0
5. Investment and Other Revenues		0
6. Co-Payments, COB and Subrogation	4,318	34,891
7. Medical and Hospital Expenses	-5,610	-46,073
8. Administration Expenses	-981	-4,902
9. Federal Income Taxes Paid	0	-383
10. Interest Paid	-195	-2,262
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	208	633
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets		0
13. Proceeds from Investments		0
14. Proceeds for Sales of Property, Plant and Equipment		0
15. Payments for Restricted Cash and Other Assets		0
16. Payments for Investments		0
17. Payments for Property, Plant and Equipment	-65	512
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	-65	512
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock		0
20. Loan Proceeds from Non-Affiliates	6,879	53,822
21. Loan Proceeds from Affiliates		0
22. Principal Payments on Loans from Non-Affiliates	-7,300	-54,197
23. Principal Payments on Loans from Affiliates		0
24. Dividends Paid		0
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	-421	-375
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	-278	770
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE MONTH	468	-580
29. CASH AND CASH EQUIVALENTS AT THE END OF THE MONTH	190	190
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	466	2,866
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	333	1,361
32. Decrease (Increase) in Receivables	-380	-716
33. Decrease (Increase) in Prepaid Expenses	-99	-515
34. Decrease (Increase) in Affiliate Receivables		0
35. Increase (Decrease) in Accounts Payable	-88	-1,593
36. Increase (Decrease) in Claims Payable and Shared Risk Pool		0
37. Increase (Decrease) in Unearned Premium	-8	-33
38. Aggregate Write-Ins for Adjustments to Net Income	-16	-739
39. TOTAL ADJUSTMENTS (Items 31 through 38)	-258	-2,235
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	208	631
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
TOTALS (Items 2501 thru 2503 plus 2598)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801. Other Assets	10	-188
3802. Other Liabilities	-28	-804
3803. Other Receivables	2	253
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)	-16	-739

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REPORT #4: ENROLLMENT AND UTILIZATION TABLE**TOTAL ENROLLMENT**

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	114,068	41	273	113,836				0			
2. Medicare Risk	0	0	0	0				0			
3. Medi-Cal Risk	0	0	0	0				0			
4. Individual	9,612	754	1,095	9,271				0			
5. Point of Service	0	0	0	0				0			
6. Aggregate write-ins for Other	0	0	0	0	0	0	0	0	0		
7. Total Membership	123,680	795	1,368	123,107	0	0	0	0	0		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group				0				0			
602. Healthy Families				0				0			
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
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612.				0				0			
Summary of remaining write-ins for											
698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus											
699. 698) (Line 6 above)	0	0	0	0	0	0	0	0	0		

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NOTES TO FINANCIAL STATEMENTS	
1.	Report # 2, Line 1001 - This revenue is derived from treatment of medicaid enrollees, and
2.	as a result, the Company firmly believes that this revenue be more fairly viewed as
3.	non-Fee-For-Service revenue. Any other treatment is considered to be prejudicial to the
4.	nature of the service provided.
5.	
6.	See Attachment for additional Notes.
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OVERFLOW PAGE FOR WRITE-INS	

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STATEMENT AS OF 8-31-2003 OF 933-0170 Community Dental Services, Inc.

KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2

		1		2
1.	Net Equity		\$	-34,197
2.	Add: Subordinated Debt		\$	52,270
3.	Less: Receivables from officers, directors, and affiliates		\$	
4.	Intangibles		\$	1,157
5.	Tangible Net Equity (TNE)		\$	16,916
6.	Required Tangible Net Equity (See Below)		\$	2,319
7.	TNE Excess (Deficiency)		\$	14,597
		Full Service Plans		Specialized Plan
A.	Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$ 50,000
B. REVENUES:				
8.	2% of the first \$150 million of annualized premium revenues	\$	2% of the first \$7.5 million of annualized premium revenue	\$ 150,000
	Plus		Plus	
9.	1% of annualized premium revenues in excess of \$150 million	\$	1% of annualized premium revenue in excess of \$7.5 million	\$ 0
10.	Total	\$ 0	Total	\$ 150,000
C. HEALTHCARE EXPENDITURES:				
11.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ 600,000
	Plus		Plus	
12.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$ 1,719,348
	Plus		Plus	
13.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$
14.	Total	\$ 0	Total	\$ 2,319,348
15.	Required "TNE" - Greater of "A" "B" or "C" \$		Required "TNE" - Greater of "A" "B" or "C" \$	2,319,348

**KNOX -KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1374.64**

POINT OF SERVICE (POS) "ADJUSTED" TANGIBLE NET EQUITY CALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

		1
1. Net Equity	\$	-34,197
2. Add: Subordinated Debt	\$	
3. Less: Receivables from officers, directors, and affiliates	\$	
4. Intangibles	\$	
5. Tangible Net Equity (TNE)	\$	-34,197
6. Required Tangible Net Equity (From Line 18 below)	\$	
7. TNE Excess (Deficiency)	\$	-34,197
ADJUSTED REQUIRED MINIMUM TANGIBLE NET EQUITY CALCULATION:		
I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):		
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$	
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$	
10. Add lines 8 and 9	\$	0
II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):		
<u>PART A</u>		
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 15)	\$	
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$	
13. Add lines 11 and 12	\$	0

STATEMENT AS OF 8-31-2003 OF 933-0170 Community Dental Services, Inc.

POS WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Annualized	<input type="text"/>	<input type="text"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
9. Line 8 less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

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